

City and County of the City of Chester

ANNUAL REPORT

TO THE

MAYOR, ALDERMEN AND COUNCILLORS OF THE CITY AND COUNTY OF THE CITY OF CHESTER

On the Health of the City

and the

Work of the Health Department in 1968

BY

D. F. MORGAN, M.B., Ch.B., D.P.H., Medical Officer of Health.

Together with the Report of the CHIEF PUBLIC HEALTH INSPECTOR G. E. JARVIS, F.A.P.H.I., F.R.S.H.



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HEALTH COMMITTEE, 1968

Chairman:

Councillor Tillie Price

Deputy Chairman: Councillor D. O. Elloy

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Co-opted Members:

Dr. W. Gilchrist Dr. D. A. L. Jones Col. C. W. Marsden, M.C.

STAFF OF THE HEALTH DEPARTMENT

D. F. Morgan, M.B., Ch.B., D.P.H. Medical Officer of Health ... Deputy Medical Officer of Health Ivy F. Fallon, M.R.C.S., L.R.C.P., D.P.H. Assistant Medical Officers of Thelma T. Asfour, M.B., Ch.B., D.P.H. Health **Resigned 30/8/67** Re-commenced 1/4/68 Barbara C. Thompson, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P. Resigned 30/3/68 Muriel J. W. Dobbin, M.B., Ch.B. Chief Public Health In-G. E. Jarvis, F.A.P.H.I., F.R.S.H. spector Miss D. E. Paddon, S.R.N., S.C.M., Principal Nursing Officer ... H.V., Q.N. Senior Mental D. B. Davies Welfare Officer Chief Clerk R. W. Hudson Mrs. J. H. Williams Home Help Organiser Dee Banks— W. Titchmarsh Adult Centre Manager ... Commenced 4/3/68 **Junior Centre** Mrs. L. Prendiville Head Teacher Ambulance Officer S. Chesters Family Caseworker Miss J. E. Minnis

Commenced 1/10/68

Telephones: Chester 27161

25142 25167 HEALTH DEPARTMENT, ST. MARTIN'S HOUSE, CHESTER. CHI 2BA

To the Mayor, Aldermen and Members of the City Council.

Dear Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1968. In the interests of economy the Report has been condensed, but full details are retained in the Department by the Heads of the Sections concerned.

Yours faithfully,

D. F. MORGAN,

Medical Officer of Health.

GENERAL STATISTICS

Area in Acres Population (Registrar Ger Number of inhabited house Rateable Value Sum represented by a pen	neral's es ses		 	4659 60620 20960 £3524807 £13950
Live Births	VITAL Male	STATIST Female	ΓICS Total	Birth Rate per 1,000 Population
Legitimate Illegitimate Totals	487 56 543	476 56 532	963 112 1075	17.7
Illegitimate Live Births Percentage of Total Liv				10-4
Still Births	4	8	12	Still Birth Rate per 1,000 (Live and Still) Births 11-0
Live and Still Births Totals	547	540	1087	110
Deaths All infants	9	6	15	Death Rate per 1,000 Live Births 13.9
				Death Rate per 1,000 legitimate Live Births
Legitimate Infants	7	6	13	13.5 Death Rate per 1,000 illegitimate Live Births
Illegitimate Infants Neonatal	2	_	2	17.8 Death Rate per 1,000
(first 4 weeks) Early Neonatal	9	4	13	Live Births 12.0
(under 1 week) Peri-Natal	5	4	9	8.4 Death Rate per 1,000
(Still Births plus De	eaths und 12	der 1 week) 9	21	Live and Still Births 19.5
Maternal (including abortion)	_	_	_	Death Rate per 1,000 Total (Live and Still) Births 0.0
All Causes	398	365	7 63	Death Rate per 1,000 Population 12.6
Respiratory Tuberculo	sis 3	_	3	Death Rate per 1,000 Population 0.04
Other forms of Tuberculosis	2	1	3	Death Rate per 1,000 Population 0-04
Cancer	80	74	154	Death Rate per 1,000 Population 2.5

POPULATION AND VITAL STATISTICS

The estimated population, 60,620, compares with 60,360 for 1967. Material change is likely only in the event of boundary adjustments.

The Birth Rate 17.7, when adjusted 18.05, compares with the rate for England and Wales of 16.9.

The Death Rate 12.6, when adjusted 13.8, compares with the national rate of 11.9.

Stillbirths 12, give a rate of 11.0 which compares with 14.0 the national rate per 1,000 live births.

Illegitimacy

The following details show illegitimate births as a percentage of total live births each year.

1960						•••		5-1
1961		• • •				***	• • •	6.1
1962	• • •		***	• • •	•••	•••	•••	7.3
1963	•••					• • •	•••	6.3
1964	•••	• • •						8.2
1965	•••		•••			• • •	• • •	8.4
1966			• • •					8.8
1967					•••			9.5
1968	•••	• • •	•••		•••			10.4

INFANT MORTALITY

The total of infant deaths for the year was 15, giving a rate of 13.9 per 1,000 live births to compare with 18.0 for England and Wales.

Two of the deaths were illegitimate giving a rate of 17.8 deaths to each 1,000 illegitimate live births.

The causes of death of these 15 infants were as follows:—

Prematurity		•••	•••		•••		•••	6
Congenital Abn	ormal	ity	,			•••		6
Acute Infections (Meningitis, I		 halitis, l	 Bronch	 o-pneui	 monia,	 etc.)	•••	1
Gastro-enteritis	_				•••	·	•••	1
Other		• • •	• • •	• • •	• • •	• • •	• • •	1
								15

DEATH RATE

The total of deaths from all causes at all ages was 763. The Death Rate per 1,000 population was 12.6 which, when adjusted 13.8 compared with 11.9 for England and Wales.

Heart and circulatory conditions accounted for 280 deaths, 36 per cent. of the total.

There were three deaths from Respiratory Tuberculosis, all male in the age group 45—75.

Cancer of the Lung and Bronchus totalled 47 deaths, 39 of these were male and eight female.

Motor Vehicle Accidents caused 15 deaths.

Year	No. of Deaths from Lung Cancer	Males	Females
1960	21	19	2
1961	37	33	4
1962	35	29	6
1963	36	31	5
1964	39	37	2
1965	30	2 6	4
1966	43	35	8
1967	47	35	12
1968	47	39	8

The Authority is a member of the Merseyside Cancer Education Committee.

		9
	75 & Over	
	65-	
	72	
叫	224	
MAL	15- 24	
FE	5- 15- 14 24	
1	4-	
	der 1	
	Under	
1	Total	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
T	75 & Over	
	65- 7 74 C	1 1 1 1 1 1 1 1 1 1
	₹\$	2
	45-	
ALE		
×	5- 14	
,	14	
	er 1	
	Under	
-	Total	30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	CAUSE OF DEATH	Enteritis and other Diarrhoeal Diseases Tuberculosis of Respiratory System Other Tuberculosis, Inc. Late Effects Other Infective and Parasitic Diseases Malignant Neoplasm—Enast Malignant Neoplasm—Breast Malignant Neoplasm—Breast Malignant Neoplasm—Uterus Leukaemia Other Malignant Neoplasms, etc. Benign and Unspecified Neoplasms Diabetes Mellitus Other Endocrine, etc. Diseases Anaemias Mental Disorders Other Diseases of Nervous System, etc. Chronic Rheumatic Heart Disease Chronic Rheumatic Heart Disease Other Diseases of Nervous System Influenza Prouncin Stream of Heart Disease Other Forms of Heart Disease Other Diseases of Circulatory System Influenza Prounchits and Emphysema Asthma Other Diseases of Respiratory System Cirrhosis of Liver Other Diseases of Digestive System Neptrits and Nephrosis Hyperplasia of Prostate Other Diseases, Genito-Urinary System Congenital Anomalies Birth Injury, Difficult Labour, etc. Other Causes of Perinatal Mortality Symptoms and Ill-Defined Conditions Motor Vehicle Accidents All Other Accidents Suicide and Self-Inflicted Injuries

VITAL STATISTICS OF DISTRICT FOR 1968 AND PREVIOUS YEARS

i					Death Rate		Rate per
	Estimated				(Not	Deaths under	1,000 Live
Year	Population	Births	Birth Rate	Deaths	Standardised)	One Year	Births
1955	58500	934	15.9	089	11.7	15	16.1
1956	28800	1006	17.1	702	11.9	36	35.7
1957	59100	586	16.6	929	10.5	23	23.3
1958	59300	970	16-3	647	10.9	18	18.6
1959	59700	1046	17.5	683	11.4	31	29.5
1960	06009	1076	17.9	648	10.8	31	28.8
1961	59060	1035	17.5	669	11.8	28	27.05
1962	59030	1130	19.1	710	12.02	34	30.08
1963	59370	1114	18.8	718	12.09	23	20.6
1964	29800	1160	19.4	678	11.3	37	31.9
1965	29800	1098	18.4	029	11.2	16	14.6
1966	60360	1109	18.4	683	11.3	14	12.6
1967	60360	1089	18.0	738	12.2	27	24.8
1968	02909	1075	17.7	763	12.6	15	13.9

NOTIFIABLE INFECTIOUS DISEASES

The incidence of notified cases generally continues to decline.

There were 99 notified cases of Measles and 23 of Dysentery.

I am pleased to record that again there were no cases of Poliomyelitis notified.

The following diseases are no longer notifiable:—Puerperal Pyrexia, Pneumonia and Erysipilas.

Infective Hepatitis (Infectious Jaundice) became notifiable, although little is known about the aetiology of the condition. Sporadic outbreaks have occurred from time to time and there is little doubt that the causative agent is a virus carried in the intestine.

Infectious Diseases Regulations, 1968

The Medical Officer of Health and Deputy were authorised by the Authority to issue notices in emergency to stop the spread of Infectious Diseases. Copies of the Regulations were sent out to all Doctors in the City at the request of the Ministry. The notification fee was raised from 2s. 6d. to 5s. 0d., and Doctors alone had the duty to notify the Medical Officer of Health immediately of any notifiable disease.

FOOD POISONING

There were four cases of Food Poisoning notified, two being in one family and due to Salmonella Reading. In addition seven cases of Salmonella infection, not food borne, were due to S. Typhimurium. It is chiefly in cases of Food Poisoning that the Medical Officer of Health must take action to prevent the spread of disease, and that action must be immediate.

Time is lost between ingestion of the food and the onset of symptoms, in sending for the Doctor, in postal notification to the Medical Officer of Health, and in bacterial examination of specimens. Speed is essential and we ask all Doctors to notify Food Poisoning by telephone in order to avoid major outbreaks such as we have had in various cities and parts of the country.

An additional Public Health Inspector was appointed for inspection of food premises.

Clean Food Handbook

Arrangements were made for the publication of a Handbook on Clean Food by a firm of publishers, to emphasise the dangers of lack of hygiene in food preparation. There was no cost to the Authority in this production, which was similar to the Handbook on the Medical Services of the Authority (which has been produced for some years).

Under the PUBLIC HEALTH ACT, 1961, compensation is payable by the Local Health Authority to contacts and cases of Notifiable Infectious Disease who are recommended by the Medical Officer of Health to cease their work temporarily on this account. The total amount thus paid during the financial year was £16.

NOTIFIABLE DISEASES DURING 1968

DISEASE	Under 1	~	2	m	4	5—9	10—14	15—24	10-14 15-24 25-44 45-64	45—64	65 & over	Age un- known	Total all
Scarlet Fever	-	1	İ	1	1	7	3	1	İ	ı	Ť	Î	12
Whooping Cough	2	7	-	-	-	4	Ī	1	İ	1	i	1	11
Measles	5	17	11	22	12	25	5	1	İ	1	1	1	8
Pollomyelitis—Paralytic	i	ŧ	ļ	İ	ţ	1	i	i	ı	1	İ	Ţ	ļ
Poliomyelitis-Non-Paralytic	Î	i	1	1	İ	1	i	İ	Ī	Ī	1	ı	l
Diphtheria	1	İ	1	1	1	ţ	İ	İ	1	İ	1	ř	I
Smallpox	İ	}	İ	1	l	İ	İ	İ	l	l	ĺ	İ	Ī
Meningococcal Infection	2	_	i	-	i	1	1	I	İ	i	ı	i	2
Acute Encephalitis-Infective	l	1	1	ı	t	ţ	7	1	İ	1	İ	_	7
Acute Encephalitis-Post Infectious	l	İ	1	İ	1	ı	İ	1	i	-	l	ı	_
Dysentery	1	1	7	-	_	9	-	2	က	m	1	7	23
Ophthalmia Neonatorum	}	i	İ	1	1	1	İ	İ	Ī	I	1	Ī	I
*Puerperal Pyrexia	1	ŧ	İ	1	İ	İ	İ	Ī	Î	1	ĺ	1	İ
*Pneumonja	ļ	ł	İ	İ	İ	İ	1	İ	İ	i	1	l	l
Para Typhoid	ļ	1	ĺ	Į	İ	ł	İ	l	1	l	ĺ	l	L
Typhoid	1	1]	İ	I	1	1	İ	l	ı	I	l	1
Food Poisoning	1	1	-	-	7	İ	I	1	9	7	1	-	13
*Erysipelas	1	1	İ	1	İ	1	İ	1	ţ	Ī	-	ĺ	~
Malaria	ł	I	Ī	ı	I	i	I	ĺ	l	Ī	Ī	1	1 '
Infective Jaundice	1	No lo	nger re	*No longer required to be notified	o be no	_ tified.	1	-	I	ı	1	-	7
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PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

The total of new cases notified was seven, as detailed in the following table:—

TUBERCULOSIS

				N	EW	CAS	ES on-		DEA		0 1 1-
AGE I	ERIOI	os		Resp.	iratory F.	Respi	iratory	Resp M.	iratory F.	Respi	ratory
0	• • •	• • •	• • 4			_		_	_	_	_
1—	•••	• • •	• • •	_	_	_	_	_		_	
2—	•••		•••	_	_		_	_	_		
5—	•••					_	_	_			
10—	•••	• • •		_	_	_	_	_	_	_	_
15—				_	_	_	_	_	_		_
20—	•••	• • •	• • •	_	1	_	_	_	_		
25—	•••		• • •	1	1	1	_		_	_	
35—				_	_	_	_	_	_		1
45—	,	•••	4	1	_	_	_	1	_	1	_
55—	•••	• • •		1	_	_	_	1	_	1	_
65—	•••		4	1	_	_	_	1	_		_
75—	•••	•••	***	_	_	_		_	_	_	_
Totals		•••	•••	4	2	1	_	3	_	2	1

An account of Preventive and After-Care work is given under Prevention of Illness, Care and After-Care, later in the report.

VENEREAL DISEASE

The following table gives the numbers who, resident in Chester, attended the V.D. Clinic for the first time:—

				1965	1966	1967	1968
Syphilis	•••			2	5	2	_
Gonorrhoea		•••	•••	23	48	30	29
Other Condition	S	•••	•••	75	111	83	109
				100	164	115	138

The disquieting increase in venereal diseases continues to stigmatise the 'permissive' nature of our society. Although prevention of V.D. obviously begins 'at home', by the example and teaching of the parents, the Local Authority was advised to revise its schemes for contact tracing and to do much more Health Education. There is no doubt in my mind that if the tragedy and misery caused by V.D. were only better known,

and if we could only educate parents to teach their children that self discipline is essential now as it ever has been, then promiscuity would drop dramatically and we should be a happier and healthier nation.

The V.D. Clinics are held at Chester Royal Infirmary as follows:—

Males-

Wednesdays, 5 p.m. to 7 p.m. Saturdays, 11 a.m. to 1 p.m.

Females—

Mondays, 4-30 p.m. to 7-30 p.m.

LABORATORY SERVICES

The M.R.C. Public Health Laboratory in the precincts of the City Hospital with the facilities at the Royal Infirmary and City Hospital continue their excellent service and co-operation.

A Public Health Department may make a sudden demand on the services of the Laboratory almost without warning. We have been very well served indeed by the Laboratories on the occasions when outbreaks have made such demands inevitable.

SERVICES PROVIDED UNDER NATIONAL HEALTH SERVICE ACTS

HEALTH CENTRES (Section 21)

The opening of a new St. Martin's House in the latter half of 1967, was the result of co-operation between the Health Authorities of Cheshire County Council and of the City Council. The new building accommodates all the City Health Services (including School Health), and South-West Division of Cheshire and the County Dental Officer's Suite, besides a large general purpose clinic (shared by the two Authorities) and various specialist services of the County (Child Guidance, Teacher of the Deaf, and Special Clinics).

As regards Health Centres proper, under the N.H.S. Acts, consultations were held between the City Health Department and the Chester Local Medical Committee, and Chester Executive Council. No definite plans for the future were made.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 27)

(i) Expectant Mothers

Antenatal Clinics are held at the City Hospital, Monday to Friday, each week. Many General Practitioners also hold weekly Antenatal Clinics in their surgeries and which may be attended by Midwives. Patients who are to be confined in their own homes are visited by the Midwives employed by the City Council, or they may attend the Midwives Clinic at Blacon (which commenced in 1964 and is open every Monday afternoon) or at the Central Clinic (which commenced in October, 1965), and is now open on Wednesday afternoons at St. Martin's House. The purpose of these

Midwives Clinics is to speed up the Midwives' work, to give better Health Education and to provide a means of intercommunication between the Midwives, their pupils and their patients. No Doctors attend these Clinics, and it has not yet been possible to engage the services of a Physiotherapist.

(ii) Infant Welfare Clinics

The following Infant Welfare Clinics were in operation at the end of 1968:—

Tuesdays:

Saltney—St. Mark's Church Hall, 2—4 p.m. Hoole—All Saints' Church Hall, 2—4 p.m.

Wednesdays:

Blacon—The Clinic, 10 a.m.—12 noon and 2—4 p.m. Boughton—Civil Defence Headquarters, 2—4 p.m.

Thursday:

St. Martin's House—2—4 p.m. Blacon—The Clinic, 2—4 p.m.

Fridays:

Hoole—All Saints' Church Hall, 2—4 p.m.

The Development Plan (of the Health and Welfare Services) includes the building of Clinic premises in various parts of the City and will be modified as the need arises and as the population is rehoused from Clearance areas. The building of a Clinic at Boughton was deferred for national economy reasons.

PRINCESS STREET INFANT WELFARE C	ENTRE	
	(1967)	1968
(a) By children under one year of age	1618	1711
(b) By children between the ages of one and five years	416	528
Consultations with Medical Officer:—		
(a) Children under one year	451	456
(b) Children, one to five years	119	212
SALTNEY INFANT WELFARE CENTE	Œ	
(a) By children under one year of age	2330	1438
(b) By children between the ages of one and five years	557	444
Consultations with Medical Officer:—		
(a) Children under one year	385	315
(b) Children, one to five years	123	184
BLACON INFANT WELFARE CENTR	E	
(a) By children under one year of age	4191	4238
(b) By children between the ages of one and five years	2372	2741
Consultations with Medical Officer:—		
(a) Children under one year	1127	942
(b) Children, one to five years	442	664

HOOLE INFANT WELFARE CENTRE

	(1967)	1968
(a) By children under one year of age	2894	2674
(b) By children between the ages of one and five years	564	454
Consultations with Medical Officer:—		
(a) Children under one year	785	573
(b) Children, one to five years	226	214
BOUGHTON INFANT WELFARE CENT	ΓRE	
(a) By children under one year of age	721	703
(b) By children between the ages of one and five years	292	217
Consultations with Medical Officer:—		
(a) Children under one year	180	139
(b) Children, one to five years	125	62
TOTAL ATTENDANCES		
(a) By children under one year of age	11754	10763
(b) By children between the ages of one and five years	4201	4384
	15955	15147
Consultations with Medical Officer:—		
(a) Children under one year	2928	2425
(b) Children, one to five years	1035	1336
	3963	3761

The need for clinics in other parts of the City e.g. Handbridge, Hoole and Boughton, was investigated.

(iii) Premature Infants

There is a Premature Infant Unit at the City Hospital which caters for infants below $5\frac{1}{2}$ lbs. weight, so that few had to be nursed at home. The ambulances are specially wired to carry the Premature Baby Incubators which are kept at the City Hospital.

By arrangement with the Consultant Paediatrician, one Health Visitor attended the Premature Unit at the City Hospital. There were adequate follow-up arrangements for home treatment after discharge from the hospital and co-operation in this field has been excellent.

One Health Visitor visits Special Units weekly at the City Hospital.

The number of Premature Births during 1968 was:— Live Births Still Births Born in Hospital 73 7 (Nine died under 28 days). Born at Home 1 Children born 'at risk':-In Hospital 244 (Malformations, 14). At Home 10 (Malformations, 1).

(iv) Supply of Dried Milks, etc. (Welfare Foods)

National Dried Milk, Welfare Foods and Nutrients were available to the public, at the Health Department, St. Martin's House, and the hours of opening are:

Monday to Friday: 9 a.m. to 5-30 p.m.

The Centre is closed on Saturdays, Sundays and Bank Holidays.

All Welfare Foods, as well as many special brands of proprietory foods, vitamins, nutrients and accessories, are sold in all Infant Welfare Clinics (between 2—4 p.m. on the days shown above) and this service is intended for people attending the Clinic. Lack of space and storage makes it difficult to make such facilities available to all.

Necessitous cases where financial hardship occurs can be assisted by the free supply of baby foods to the parent on the certification of the Clinic Medical Officer.

(v) Dental Care

Dental Services for Expectant and Nursing Mothers and Children Under 5 Years

Services for Expectant and Nursing Mothers and children under five years are provided free at the School Dental Clinic.

Attendances

Number of Visits for Treatment—

				Children	and Nursing Mothers
First Visit	•••	•••		142	72
Subsequent Visits	•••			117	143
Total			• • •1	259	214
Additional Courses of than First Course st				3	1

Treatment

Statistical Details are kept by the Chief Dental Officer. (P.S.D.O.).

Sessions

Number of Sessions for Priority Maternity and Child Welfare Cases, 113.

(No special sessions for Health Education).

(vi) Institutional Provision for Mothers and Children

The only Maternity Hospital Accommodation within the City is at the City Hospital. There are no Private Nursing Homes nor Maternity Homes. (There is some private accommodation in adjacent areas outside the City).

The City Hospital also has a department for Premature Infants, as well as Children's Wards.

(vii) Family Planning Act, 1967

After consultation with the Chester Branch of the Family Planning Association, the Authority made the following provisions under the National Health Service (Family Planning) Act, 1967:—

- (a) 'Medical Cases'. Reference is made to the General Medical Practitioner for advice and confirmation, and then the patient is sent to the Family Planning Association Clinic, the cost being borne by the Local Authority.
- (b) 'Social Cases'. In all cases the agreement of the patient's own Doctor has to be obtained and then the case referred to the Family Planning Association, cost being borne by the Local Health Authority.
- (c) 'Unmarried, over 16 years'. Advice only is given in exceptional circumstances.
- (d) 'Domiciliary Treatment' is only given in necessitous cases. No charges are made where the income is at Social Security (the former National Assistance) level: Above this, the full cost has to be met by the patient where this is provided for by the Act.

The Local Health Authority made a grant of money towards the cost incurred in alterations to the Family Planning Clinic.

Twelve cases were referred for treatment, ten on medical and two on social grounds.

UNMARRIED MOTHERS AND THEIR INFANTS

The Authority gives financial assistance where this is necessary to unmarried mothers for six weeks before and six weeks after confinement. This period may be prolonged on application and especially in the case of young girls. The Chester and District Moral Welfare Association greatly assist us by investigating cases and finding accommodation in suitable Mother and Baby Homes. Many cases assisted in this way are not referred for financial assistance, but where this is so, assessment is made of the need for help. The Local Health Authority expects the putative father to take his share of the financial responsibility.

Three cases were helped during the year.

It is a difficult matter to find suitable Mother and Baby Homes for these girls and a knowledge of their home background and upbringing has to be matched to the type of Home to which they are sent. An annual grant is now made to the Moral Welfare Association for their part in investigating cases, interviewing putative fathers and conveying the mother to and from the Home. Without its assistance much more work would fall on the Health Visiting Staff.

NURSING HOMES

There are no registered Nursing Homes in Chester.

THE NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948. AS AMENDED BY THE HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968

Over the years, the number of Nursery or Play Groups for Pre-School Children has steadily increased in the City so that by the end of 1968 there were 18 groups, catering for 217 children in the area. (This compares with 15 groups and 193 children in 1967).

There was no lack of provision for the Priority Groups (children who were deprived, inadequately housed, in poor health or children with special needs): all the Play Groups are privately run. They are frequently inspected by the Health Department Staff.

In view of the much more stringent requirements now imposed by the 1968 Act, the standards for sanitary, washing and play space accommodation adopted by the Authority were the same as those applying to Infant Classes under the Standards for School Premises Regulations. (Some of the standards given in these Regulations did not apply to Play Groups held in the mornings only). Fire precautions attracted particular attention.

Spastic children of Pre-School age are catered for at the Junior Spastics Centre in Blacon, to which the adjacent counties also send their priority-class children.

Some severely subnormal children were accommodated at the Dee Banks Junior Training Centre, when family circumstances made this necessary before the age of five.

MIDWIFERY (Section 23)

The Local Health Authority Services

The staff of seven full-time and one part-time Midwives was generally sufficient and there was no shortage of Midwives in the City.

Five City Midwives are now approved by the Central Midwives Board to undertake the teaching of pupils. In all, six pupils were trained during the year.

The City Hospital was approved for the Part II Training of pupil Midwives and arrangements were made for their District Training, six pupils were trained by the Local Authority in 1968. Midwives receive Refresher Courses as required by the Central Midwives Board.

Hospital Accommodation

There is no Private Maternity accommodation in the City outside the City Hospital. The shortage of Hospital Accommodation throughout the country has led to shorter time being spent in Hospital after confinement and there was therefore a bigger turnover. At the present time, there is a priority scheme for hospital confinement, but many first babies have to be born at home. Nevertheless, excellent liaison between the City Hospital and the Local Authority has always made hospital confinement possible where home circumstances were unsuitable.

The Mother and Baby Home cases have to be confined in Hospital, because of lack of other accommodation.

The future opening of the General Practitioner Unit in 1971 was considered, together with its effect on the admissions to Hospital. At present cases are admitted to hospital on social as well as medical grounds. It is anticipated that when the General Practitioner Unit opens, it will cater for those now admitted on social grounds, as well as some primigravidas and those who elect to have their confinement in Hospital.

Case Load

There were 282 confinements at home, but 48 other cases were admitted to hospital for delivery because of some obstetric abnormality. There were also 82 cases discharged from hospital within 48 hours of delivery, and 577 were discharged between the second and tenth day after confinement.

The number of early discharges were as follows:—

1961 608	1965 693
1962 660	1966 692
1963 717	1967 663
1964 758	1968 659

City Hospital	Antenatal Clinic	Postnatal Clinic
No. of City Patients	999 (1060 in 1967)	326 (391 in 1967)
No. of Attendances	6059 (4678 in 1967)	352 (427 in 1967)

Home Confinement

Patients are urged to consult their own doctors early in pregnancy and then, with the pregnancy confirmed, immediately to get in touch with the Midwife or Principal Nursing Officer.

Two hundred and eighty-two confinements were attended by the Municipal Midwives.

Statistics

Full Statistics are kept by the	e Prin	cidal I	vursing	Omcer.		
		•	J		(1967)	1968
No. of Cases attended as Midw.	ives				318	282
No. of antenatal visits					4048	3655
No. of daily nursing visits					4591	6168
No. of 'Trilene' cases					263	218
Gas and Air or Oxygen						_
'Pethidine'					237	220
General anaesthetics					3	3
Doctor called in by Midwife				5	83	48
Births notified					2290	2241
City cases delivered in hospital					1970	2159
Cases delivered at home					318	282
Medical aid cases					83	49

Ophthalmia Neonatorum

One case was notified.

Antenatal Care

The Midwives Clinic continued at St. Martin's House and Blacon Clinic:

	Sessions	Attendances
St. Martin's House	49	460
Blacon Clinic	51	1139

Maternity Packs are issued to expectant mothers due to be confined at home.

4. HEALTH VISITING

Staff

The establishment was increased to ten Health Visitors/School Nurses, but it was not possible to recruit sufficient staff (at one time there were only six Health Visitors/School Nurses). To offset the deficiency, full-time Clinic Nurses were appointed. (Bringing the total to three Clinic Nurses).

Attachment of Health Visitors to General Medical Practitioners

On representation from the Local Medical Committee, and as this was Ministry policy, it was decided to attach Health Visitors to General Medical Practitioners. A pilot scheme started in April allowed the Health Visitors to retain their own districts to work in, to distribute the cases referred to them by Doctors to the Area Health Visitors. This was not very practicable (especially when our staff was six or seven Health Visitors), and in November a system of complete attachment was begun, all Health Visitors working in concert with (groups of) Doctors throughout the City. Much more travelling time was involved and it became necessary for all the school work to be undertaken by the Clinic Nurses only, the Health Visitors being occupied solely in Health Visits and Infant Welfare Clinics.

Ancillary Help

Because we could not recruit sufficient Health Visitors up to our establishment of ten, it was decided to make use of ancillary help in the clinics and school work so that the number of people employed was ten, in addition to three Clinic Nurses.

The shortage of Health Visitors is country-wide and in my opinion reflects the need for a better wage structure and a hierarchy of posts in this service. The Authority at the end of the year decided to sponsor the training of two Health Visitors/School Nurses in 1970-71.

The following visits were paid	by Hea	alth Visi	tors:-	-		
					967)	1968
Primary Birth Visits				10	72	1030
Subsequent Visits to Infants .				65	84	5098
Visits to Pre-School Children				. 42	296	3138
Visits to Expectant Mothers .					99	134
Other Visits				14	186	1482
Cases of Tuberculosis (Visits)				8	31	746
Phenylketonuria Tests .				. 10	12	1034

Travelling

Five Health Visitors have car allowances: the others travel by public transport and have fares refunded.

Health Education

This was to have been one of the main duties of the Deputy Principal Nursing Officer, but as repeated advertisements since April, 1967, has not been successful, the Health Visitors themselves were urged to do what they could in the course of their duties, especially as regards Vaccination and Immunisation (q.v.).

The Authority supports the Merseyside Cancer Education Committee and the Health Education Council besides other voluntary bodies with activities bearing on health.

5. HOME NURSING SERVICE (Section 25)

The staff consisted of eight full-time Nurses and four part-time under the Principal Nursing Officer.

Five mini-vans and car-allowances are provided. The following table gives details of the work done:—

DISTRICT NURSING, 1968

TOTAL No. OF CASES		Medical	Surgical	Injections	T.B.	Maternity	Infectious Diseases, Others	Over 65	Under 5	Over 24 Visits	Totals
15766 7747 10817 524 103 120 21670 96 25689		205	351	353	ŢŢ	14	∞	707	21	324	1239
	TOTAL No. OF VISITS	15766	7747	10817	524	103	120	21670	96	25689	35077

The total number of Cases in 1967 was 1085, and visits 32,311.

New cases during the year 951. Number of cases at 31st December, 1968, 266.

Of the 1,239 cases attended 707 (57%) were over 65, and were paid 62% of the visits.

Average number of Nurses full-time—8, Part-time—4. Average number of hours worked per day—7 (42 hour week).

196 patients discharged from hospital received 3,720 visits.

The Service, which is free of charge to the patients, is given wherever the patient's Doctor advises it. A night rota is also maintained for emergency calls. The majority of the Home Nurses have had special District Training under the Queen's Institute.

During the year the Marie Curie Foundation employed Home Nurses under the control and guidance of the Home Nursing Service. These nurses, specially recruited, were able to give much lengthier periods of attention to patients at home than is possible under the Home Nursing Service.

Nursing equipment is available on hire, the item becoming the property of the patient when the total cost has been contributed.

Provision of Incontinence Pads to the elderly has practically dispensed with the necessity of the original Laundry Service.

Attachment to General Medical Practitioners, of the District Nurses was not considered to be practicable at the present time.

6. VACCINATION AND IMMUNISATION (Section 26)

The following immunisations are now available, and the Local Health Authority is the source for the distribution to General Medical Practitioners and Hospitals in its area. The vaccines are available to Doctors on request at the Health Department:—

- (1) Vaccination against Smallpox
- (2) Vaccination against Poliomyelitis
- (3) Immunisation against Diphtheria
- (4) Immunisation against Whooping Cough
- (5) Immunisation against Tetanus
- (6) B.C.G. Vaccination against Tuberculosis
- (7) Vaccination against Measles.

Doctors in the City were informed of the amended procedure of Vaccination and Immunisation.

(1) Vaccination against Smallpox

Arrangements are now in force whereby a mother bringing her baby to the Infant Welfare Clinic can have him (her) vaccinated immediately, as the vaccine is always available.

It is now considered better to have babies vaccinated for the first time after their first birthday. This gives time for immunisation against other diseases more native to this country (and therefore more likely to affect the unvaccinated). After vaccination in the second year of life, it is recommended that re-vaccination be done during school life.

In the field of Vaccination and Immunisation, the importance of Health Education cannot be too strongly stressed. It is only by constantly putting before parents the risks and dangers of the unvaccinated (unimmunised) state that we shall keep away from the ever present danger of epidemic.

The figures of the percentage of children vaccinated and immunised do not give us cause for complacency, and it is obvious that a fuller programme of Health Education is urgently necessary.

Ages	Number Vaccinated	Number Re-Vaccinated
	1968	1968
Under one year	18	-
One year	212	2
2—4 years	175	7
5—15 years	50	80
Over 15 years	40	142
Totals	495	231

(2) Immunisation against Diphtheria

Parents are given the option of having this done by their own General Medical Practitioner or of attending the Clinics. Children of pre-school age are immunised at the Infant Welfare Clinics (q.v.), and school children receive their injections and reinforcing doses at the end of the School Medical Inspections.

Records of these and other immunisations are kept in the Department and are transferred on change of address.

The table shows the number of children immunised against Diphtheria during the past 15 years.

(3) Immunisation against Whooping Cough

This is available on request from the patient's own Doctor or at the Infant Welfare Clinics, and is usually—though not necessarily—given in conjunction with Diphtheria immunisation. Three injections are necessary.

The following table shows numbers who have completed a primary course of Whooping Cough vaccine (singly or in combination), during the year:—

Age at Date of Final Injection

		Others	
0—4 years	5—9 years	under 16 years	Total
404	7	2	413

DIPHTHERIA IMMUNISATION

Age in Years 31st Dec., of the corres- ponding year.	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	Total inocu- lated 1954-1968
0	39	43	89	89	157	189	241	193	146	266	219	275	646	664	365	Age under 1 year 365
1	329	284	458	345	248	406	480	461	335	409	382	428	67	57	26	
2	101	97	114	118	70	106	104	94	64	23	57	66	21	68	13	Age 1-4 years 2528
3	50	29	58	66	62	56	66	60	32	27	46	44	19	9	12	2020
4	36	28	51	20	58	45	40	41	35	20	19	35	21	19	23	
5	88	30	104	59	129	109	27	85	159	76	18	49	54	29	83	
6	53	17	221	100	48	101	77	123	81	41	72	101	23	32	23	Age 5-9 yrs 4126
7	16	11	92	39	4	30	29	42	39	15	21	7	4	11	9	
8	6	3	22	9	6	8	7	16	7	6	3	6	3	2		
9	3	1	7	7	8	3	6	11	1	2		3	•••	2	Ì	
10	2	3	12	4	5	3	2	10	1	2		2	•••	2		
11	2	9	19	15	9	21	22	23	48	44	46	15	8	5	5	
12	1	6	19	12	3	25	19	11	39	18	21	6	5	3	1	Age 10-14 yrs
13	• • •		•••	3	•••	4	2	1	1	2	1	2			1	4252
14	•••	•••	3	1	1	•••	1	2	•••	•••	•••		-			
15 and over	•••	5	1		•••			2	1	•••	1	2	•••	1	2	Age 15 years and over 2615
Primary	726	566	1270	887	808	1106	1123	1175	989	951	906	1041	871	904	563	Total Primary 13886
Re-Inforcing	893	1044	1563	1090	1030	1084	1111	1365	1216	1219	1108	1701	1300	1521	8 31	Total Re-inforcing 18076
Total each Year	1619	1610	2833	1977	1838	2190	2234	2540	2205	2170	2014	2742	2171	2425	1394	GRAND TOTAL 31962

(4) B.C.G. Vaccination against Tuberculosis

Since 1961, B.C.G. Vaccination has been available to all pupils of 13 years and upwards, and also, where necessary, to those over ten years old.

All Mantoux Positive cases were offered follow-up facilities. By co-operation with the Chest Physicians, these cases were examined and X-Rayed at the Chester Clinic to ascertain the cause of the enhanced reaction. These cases were kept under observation, when necessary, at the Chest Clinic.

The use of freeze-dried vaccine made the supply of B.C.G. Vaccine much easier (as it became unnecessary to order the vaccine several weeks in advance).

No. of Children, Young Persons and Students tested	•••	608
No. of these Mantoux Positive		8
No. of these Mantoux Negative and given B.C.G. Vaccination	•••	596
No. absent for reading		4

(5) Anti-Tetanus Immunisation

The combination of a vaccine against Diphtheria, Whooping Cough and Tetanus (lock jaw) has proved beneficial and, in spite of the relatively few cases of Tetanus the use of this 'triple Antigen' has a vogue.

Certainly in no disease more than in Tetanus is prevention better than cure—especially as the cure of established Tetanus is extremely chancy.

The Triple Antigen is available to Doctors in the City on request or may be given at the Infant Welfare Clinics. The purpose of the combination is to avoid injections over and above those already necessary for protection against Diphtheria and Whooping Cough.

Arrangements were put into force with the Casualty Department of the Royal Infirmary whereby all city patients receiving Anti-Tetanic Serum were notified to the Health Department, and were told of the necessity to be immunised against Tetanus. A Clinic was started and the patients invited to attend for active Immunisation (as contrasted to the passive immunity received on the injection of A.T.S. at Hospital). The reason for this necessity is the danger of Anaphylaxis occurring on second injections once A.T.S. has been given. By being actively immunised, the necessity for A.T.S. does not arise, and therefore there is no risk of incurring Anaphylaxis. The active immunity against Tetanus must, of course, be kept up to strength by occasional injections.

No patients were referred during the year.

(6) Poliomyelitis Vaccination

The fortunate absence of outbreaks of Poliomyelitis is reflected in the steady decline in the numbers applying for vaccination. This is still available to infants, children, expectant mothers and adults up to 40 years of age, but it is regrettable that public reaction is apparently stimulated only when cases of Poliomyelitis are reported.

In practice, the oral vaccine has virtually replaced the Salk (injected) vaccine, which is now very rarely requested.

The table shows numbers of doses administered during the year and totals:—

	(1968)	(Totals)
Third dose	597	•••••	25084
Second dose	622		11876
First dose	642		12225
Fourth dose, Children, five to 12 years	691		8864
Fourth dose, other	162	•••••	5006
	2714		63055

The Ministry now requires the keeping of Vaccination and Immunisation records only in respect of children under the age of 16, who have completed a Primary Course or received a Reinforcing dose of vaccine.

No cases of Poliomyelitis have occurred in the City since 1965 (one only) and no deaths since one in 1962.

(7) Vaccination against Measles

In May 1968, Vaccination against Measles was introduced, but did not prove very popular, although it consisted of a single injection.

0—4 years	5—9 years	1016 years	Total
493	374	14	881

At the time of writing (1969) one source of Measles Vaccine (Beckenfield 31) has been withdrawn because of reactions to it and there is a scarcity of the Schwartz strain (made by another firm).

Yellow Fever

Immunisation facilities are available in Liverpool and Manchester at the respective Health Departments.

7. THE AMBULANCE SERVICE (Section 27)

The City Ambulance Service covers an area of four miles into Flintshire from Chester, and also, by agreement, a radius of 15 miles into Cheshire County. The County Services have been developed so that City vehicles are rarely called upon to cover the whole area specified—the majority of this work is in the vicinity of the City. Mutual aid continues at a satisfactory level.

Staff

Under the Ambulance Officer are one Deputy, and 20 Driver Attendants, as well as a day-time Clerk/Telephonist. The increase from 18 to 20 Driver Attendants was made during November in an effort to curtail the number of times the Depot had to close down. Each Driver works at least 42 hours per week—i.e. a minimum of two hours overtime.

Training

So far it has not been possible to send Drivers away on Training Courses, but each Driver must have a course of First Aid Lectures each year and gain the First Aid Certificate of a recognised body (British Red Cross Society, St. John Ambulance Brigade) at appropriate intervals (three years).

Vehicles

Two new vehicles were ordered in 1968 and a minibus from Civil Defence. At the end of the year, there was a fleet of eight vehicles, five ambulances and three sitting cars. All except one are equipped with Radio Telephones and with Resuscitators.

Petrol is drawn from the Corporation Surveyor's Depot. Emergency supplies for night and week-end work have been arranged locally.

Mileage and Number of Patients

Year	Total No. of Patients Carried	Total Mileage	Miles run for Other Ambulance Authorities
1963	25,459	105,232	4,939
1964	27,857	107,934	4,484
1965	28,194	110,452	4,501
1966	25,026	107,936	2,228
1967	24,711	108,325	5,348
1968	27,220	125,050	6,795

Emergency Conveyance of Patients by Air

No cases occurred in 1968.

Conveyance by Rail

Thirty-eight Patients were conveyed by rail, seven of these were provided with Travel Vouchers over a total of 2,144 miles. The difficulties of transporting stretcher cases in the new pullman coaches was noted as only 1st Class coaches were divided into compartments.

Depot Closures

The number of staff on duty varies at different times of the day and the rota of duties is designed to meet the demands on the service. At certain periods (mainly evening, nights and week-ends) all available staff were engaged on driving duties and the Depot had to be closed, the telephone calls being taken by the Police. The frequency of Depot Closures varied very greatly from month to month. A very careful check was kept of the number of closures, and the length of time they lasted.

An increase of staff was called for and two Driver Attendants were appointed in November. Some closures still occurred however and each month a report was made on these with as much information as could be obtained about the nature of any calls received by the Police during closure. It was felt that these were danger periods in which delay in con-

veying accident and surgical emergencies to hospital might militate against the chances of recovery. Some difficulty was experienced in obtaining full information about calls during closure, but this has now been overcome.

Emergency Services

As well as routine admissions, discharges and Hospital outpatients, Day-Hospital Psychiatric Cases, week-end leave and welfare classes, interhospital transfers, the City Ambulance Service caters for an Emergency Surgical Team, an Emergency Midwifery Team for domiciliary confinements over a large area, and, of course, accidents on the road. The increase in these 'Flying Squad' calls, some with Police Escort, gives indication of the mounting responsibilities of the Ambulance Service:—

Year	Total Number of Patients conveyed	Number of Patients conveyed with Police Escort
1964	32	7
1965	40	11
196 6	64	13
1967	105	14
1968	109	23

There were 22 cases of overdosage (poisoning) in 1968.

AMBULANCE SERVICE-Year ended 31st March, 1969

	<u>6</u>	۱ ا) w		, m	
	† 20 21 22 (18+19) T.C. Wel. Total	118255	5228	1124	443	34 1215 125050
E	21 X	775	440			1215
MILEAGE	7.°C.	34		l	l	34
¥	* 0.00 19	56816	906	320	86	58140
	* 18 A.	61439 56816	4322	804	345	66910 58140
	7	\)	
	2. & EM. 13 14 15 16 17 (8+11) S. Total T.C. Wel. Total	22 278 26002	88 1060	140	18	22 366 27220
	16 Wel.	278		1	1	366
	15 T.C.	22	1	1	ı	22
	ACC. & EM. 12 13 14 A. S. Total	1803	489	101	l	2393
IED		78	16	89 12	I	901
CARR	AC 12 A.	1725	473 16 489	89	ı	2287
PATIENTS CARRIED	G * 11 Total	21753	583	89	٥	22413
PATI	SITTING 10 S.	14397	289	29	l	14721
	s 9 A.	4249 7356 14397 21753 1725 78 1803	294	39	m	4807 7692 14721 22413 2287 106 2393
	HER * 8 Total	4249	477	72	9	4807
	STRETCHER 6 7 8 A. S. Tota	06	ŀ	8	- 1	96
	STI 6 A.	4159	474	69	1	4711 96
	1+2) etal	5432	276	51	∞	792
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JOURNEYS	* 2 %	51	15	10	3	6
	7 0	1751				3988 1779
	- v	3681	261	41	S	3988
	Local	City	Cheshire	Flintshire	Other	TOTALS

NOTE *-Column 2 includes Columns 3 and 4; Columns 8 and 11 include 12-16; Columns 18 and 19 include 20 and 21. A.-Ambulance; S.-Sitting Case Vehicle; T.C.-Training Centre; Wel.-Welfare.

‡-34 miles T.C. done in conjunction with other journeys.

8. PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

(i) Tuberculosis

Close liaison between the Chest Clinic and the Health Department is maintained. One Health Visitor is appointed to attend at the Clinic and to visit tuberculosis patients in their homes.

No. of T.B. Patients rehoused	•••	•••	•••		•••	2
Contact Scheme (City residents	attendi	ing Che	st Clin	ic):		
No. Skin Tested						70
No. found Positive				•••	•••	10
No. found Negative		•••			•••	60
No. Vaccinated		•••	•••			60
No. of New Contacts examin	ed				•••	39
No. of these found to have T	'ubercu	losis				_
No. of Infants Vaccinated		•••				696

Free Milk. The scales of application of the Free Milk Scheme were amended to conform to National Assistance Standards. Each individual case is visited by the Tuberculosis Visitor and referred to the Health Service Sub-Committee.

In some cases the supply of free milk was augmented by the issue of free eggs.

Tuberculosis Colony

One Tuberculosis patient is maintained at the Sherwood Village Settlement, Nottingham.

Protection of Children against Tuberculosis

The B.C.G. Scheme for vaccination of school children and students which was started in 1955 was continued, vaccination being done in the schools during the Autumn Term (for statistics see Vaccination and Immunisation).

The contact scheme was maintained by the staff of the Chest Clinic at the City Hospital throughout the year (figures above).

The Ministry of Health Circular on this subject recommended the X-Ray every three years of all those whose work brought them into close contact with groups of children. Thus School Staff, Children's Homes, Nursery Groups, Private Schools and many other Corporation staff are affected. Use is made of the Mass Radiography Unit of the Regional Hospital Board.

(ii) Blind Persons

The Chester Blind Welfare Society give the following data:-

Numbers on Register at	end of	year:—			
		•	M.	F.	TOTAL
Blind	•••		38	80	118
Partially Sighted		•••	20	20	40
			58	100	158

Four Blind persons were under the age of 16, and being educated in Special Schools. Twenty were in the employable age groups 16—59, two of these were in the Workshop for the Blind; six employed under ordinary conditions; one was trainable and eleven others not available for work.

On the register of Partially Sighted—one was in a Special School, one at a local school, and a third unsuitable for education, six were employed and the remainder over pension age.

B.—Ophthalmia Neonatorum

(i) Total number of cases notified during the year			 	_
(ii) Number of cases in which:—				
a. Vision lost				
b. Vision impaired				Nil.
c. Treatment continuing at end	of y	rear		

(iii) Epileptics and Spastics

Epileptic and Spastic children of school age are dealt with under the Education Acts.

The Welfare Committee provides for the maintenance of three adult epileptics in colonies and one in a special home. Nine adult spastics are on the register, two of whom attend a handicrafts class and are transported by Ambulance and seven attend the Spastics Centre at Blacon.

(iv) Illness Generally—Prevention and Care

Laundry Service

The provision of Incontinence Pads has now almost entirely dispensed with the necessity for the provision of the usual Laundry facilities. When necessary the pads are supplied, free of charge, to patients nursed at home.

Chiropody Service

This service was instituted in 1961 in order to provide for persons who were housebound and therefore unable to receive treatment through the Welfare Department. Despite increased costs in January, 1967, the patient's contribution was maintained at 2/6d. per treatment.

No. of Cases treated		158
No. of Treatments .	***************************************	850

Health Checks

Consideration was given to a scheme for holding a Health Screening Clinic at St. Martin's House similar to the scheme started at Rotherham. The value of the tests made in such a clinic has yet to be accurately assessed, as the giving of an 'all clear' to patients whose tests were negative might lead them into a false sense of security and prevent their seeking full investigation. It must be remembered and impressed on each patient that a series of negative tests does not mean that the patient is in good health. All it does mean is: 'The tests we have made for certain specific conditions are usually positive if the disease is present—we have only tested for certain conditions: the majority of diseases require full hospital investigation before the all-clear can be given'.

Perhaps the value of such checks is that it increases health-consciousness in people of vulnerable age (I doubt whether it would produce neurotics or hypochondriacs) and as such is good Health Education.

Nursing Equipment on Loan or Hire

Nursing equipment, for use in the home, was available through the Home Nursing Service. It is now agreed that when the total hire payments of an article equals its actual cost (say in long term illness), the article then becomes the property of the patient.

Special items, such as the Ripple Bed, designed to prevent pressure sores, were available by arrangement.

The number of articles on loan during the year was 240.

Bad debts of £12 had to be written off in January.

Cancer Education

The City Authority subscribed to the Merseyside Cancer Education Committee, and four lectures were given in Chester during November and December.

Artificial Kidney Machine

We were notified that an artificial Kidney Machine was available in Liverpool, but that to install it would necessitate expenditure of about £300 in the home.

(v) (Cervical Cytology		
	No. Examined	Positive	Negative
1966	24 3		243
1967	182	1	181
1968,	121		121

Specimens are obtained and examined at the R.H.B. Laboratory at the Royal Infirmary. Patients and their Doctors are notified of results by this Department.

The clinic which commenced in May 1966, was held at Blacon Clinic or at St. Martin's House, when sufficient requests were received. Attendance was by appointment. The falling off of requests has been disappointing but a recent survey has shown that deaths from Cancer of the Cervix have not been materially lessened by Cervical Cytology, but are keeping pace with deaths from cancer of the body of the womb.

Convalescence

The Local Authority in certain instances provides for convalescence of persons not otherwise eligible under the National Health Act.

9. HOME HELPS (Section 29)

This is perhaps one of the most fundamentally important services provided under the National Health Service Act—an often forgotten fact—without which many elderly people living alone would have to be admitted to hospital or welfare accommodation. The number of households helped in the City has risen to over 250 per week and our staff of 33 full-time and 12 part-time was increased by three to 36 full-time, 12 part-time and three temporary.

The Helps have to visit several cases each day to keep up with the demand. The result is that many households have one or two hours help on certain days of the week—a not very adequate service—to preserve a good standard of hygiene and living, especially for the elderly and bedridden, but at the end of 1968 all households needing help were given it.

Detailed records must be kept and the Organiser, besides arranging the duties of her 51 staff, must visit the homes, investigate circumstances and make a provisional assessment of the charges which could be levied. (These charges are checked by the City Treasurer).

As the great majority of households are those of the elderly, there is little income for the services given, and the Home Helps Service is a very costly one for the Local Health Authority.

Maternity cases must have 'whole-time' (40 hours per week) help where there are other children, and occasionally the chronic sick and aged must be deprived of some help.

To safeguard the service, the Doctor is asked to signify when he feels that Domestic Help is necessary.

In spite of the great number of households 'on our books'—and that number is growing year by year—complaints about the service have been remarkable by their absence.

Each Help if employed full-time works a 40 hour week: Part-time helps are of value in the mornings and work a 20 hour week. To obviate travelling time, the Organiser always endeavours to keep a help visiting houses in one area, but such an ideal can rarely be maintained when staff illness and holidays occur or emergencies arise in other parts of the City.

The following table details the work for the year:—

2 110 10110				
	No. o	f Cases	Hours	Worked
Type of Case	1967	1968	1967	1968
(a) Maternity	19	27	1137	726
(b) Tuberculosis	_			_
(c) Aged, Infirm and Chronic Sick	369	370	59589	62838
(d) Mental Illness and Mental deficiency	8	7	851	1157
(e) Other	32	34	1139	1795
	425	438	62716	66516

345 out of 438 cases were over 65 years of age (i.e. 78%) and they received 55,520 hours out of a total of 66,516 (i.e. 83%).

10. MENTAL HEALTH SERVICES

Staff

During 1968 the female trainee Mental Welfare Officer left and was replaced by a male Mental Welfare Officer.

One Mental Welfare Officer returned after a two-year Course in Liverpool, having gained the Certificate in Social Work.

Therefore, at the end of 1968 we had one Senior Mental Welfare Officer, one qualified Mental Welfare Officer, and two unqualified Mental Welfare Officers, who maintain a 24 hour service.

Duties

The following table gives the work performed by the above staff during the year:—

ic year.		Mentally		Si	Severel ibrorn	nal	
	M.	F.	Total	M.	F.	Total	
Informal Admissions	46	87	133	1	1	2	
Emergency Admissions (Sec. 29, Mental Health Act)	8	10	18	_	_	_	
Observation							
Admissions (Sec. 25)	7	12	19	_	_	_	
Treatment Admissions (Sec. 26)		1	1				
Admissions through Courts and Police (Sec. 60, 65, 136)	1	1	2		_	_	
Reclassification in Hospital—							
(Sec. 25)	1	1	2	_		_	
(Sec. 26)	_	1	1		_	_	
No Action Cases	12	9	21	_		_	
Total Number of Cases	63	113	176	1	1	2	
Pre-Care and After-Care Visits			3081		_	403	

The Mental Health Authority also took part in Mental Health Week activities, as well as the Training and Occupation Centres which were open to the public.

Comment on the Table

The number of admissions to Hospital has decreaseed, but Pre-Care and After-Care visits have increased. In other words, the Mental Health Act is being worked properly and more and more patients are being cared for in the community—a much more economical procedure.

Extra Psychiatric Out-Patient Clinics were held at Chester Royal Infirmary, Deva Hospital and Moston Hospital—covering every weekday.

Day Hospitals were run at Deva and Moston Hospitals, to cut down admissions. These are especially of value to the elderly mentally disordered who are transported daily by the City Ambulance Service. As can be expected the numbers are growing week by week. (No table is given) and the position is becoming serious. As expectation of life increases, more and more 'over 65s' will be found in our population and in the near future they—especially the mentally disordered—will demand, by sheer weight of the numbers, special consideration for employment and accommodation.

Statisticians tell us that this state of affairs will persist until the mid '70s' and then start to decline.

Other Duties

The Senior Mental Welfare Officer and Mental Welfare Officers are responsible for the mental care of the disordered in the community, for arranging in conjunction with the Specialists and Doctors for admissions to and discharges from hospital, and for the smooth running of the Centres for subnormals at Dee Banks. They undertake such extra mural duties as attending Associations, e.g. the West Cheshire Association for Mental Health, and Clubs for the welfare of the mentally disordered.

As a new generation of General Medical Practitioners comes among us, and as the treatment of mental illness progresses rapidly, so does awareness of the needs of these patients. The staff is called upon to act in concert closer and closer with the General Medical Practitioners. They are often instrumental in preventing mental breakdown by their understanding and knowledge of mental illness.

It will be seen that an adequate number of fully trained Mental Welfare Officers in an area is just as important as staff of other branches of the Health Department.

Residential Accommodation for Mentally Ill

Two cases were admitted to Tower House, Kilmorey Park, Chester, and one to Chapel Hey Hospital, Wallasey, after their discharge from Deva and Moston Hospitals. There was a rapid increase in the fees at Tower House—more than 50% in $2\frac{1}{2}$ years.

The Local Health Authority is responsible for the payment to the Richmond Fellowship for these cases, but the patient makes a contribution out of his/her earnings.

Normally the period of stay is six to seven months so that patients can become rehabilitated to normal life, but not infrequently this period must be extended or the patient must return to Mental Hospital.

Admissions and discharges are controlled by the Consultant Psychiatrists.

Residential Accommodation for Mentally Subnormal

Such severely subnormal cases who cannot be cared for at home, are admitted to hospitals run by the Regional Hospital Board. All applications for permanent care have been met and for the first time for many years no Chester Cases were on the Waiting List.

A scheme to provide hostel accommodation on a Council House Estate was under consideration. It was felt that this could be run much more economically than the Richmond Fellowship accommodation at Tower House.

Short Term Care

No real difficulties were experienced in placing cases for short term care but early application during the year is essential due to demands on the beds and, of course, shortage of Nursing Staff. The Regional Hospital Board provides this care in Hospitals and it becomes possible when patients, who are 'permanent', go home for holiday leave.

Guardianship

No cases in Chester were under Guardianship.

Severely Subnormals—Day Care

Two Centres (one Adult and one Junior) are open at Dee Banks for the daily care of the severely subnormal during weekdays, during school term.

The Junior Centre holds 60 pupils under 16 years old (28 Chester; Flintshire 32). The Staff comprises a Supervisor a Deputy and five Teachers (three being qualified), two Nursery Nurses (one being N.N.E.B.), one Caretaker/Handyman/Trainer, Cleaners and School Meals Attendants. The Assistant Medical Officers of Health do medical inspections, School Dentists treat the teeth, Health Visitor/School Nurses carry out hygiene inspections, and Speech Therapists pay monthly visits, as well as regular visits by the Mental Welfare Officers. The teaching staff have Refresher Courses (one week at Stoke-on-Trent) and two went to an Educational Rhythmics Course (one week at Preston). The Supervisor had a one week's course in Cerebral Palsy at Oxford, and staff were sent to a week's course on 'Orff Schulwerk and the Handicapped Child' run by the Spastics Society.

In 1968 an Independent Advisor visited Dee Banks and on his advice, much modern equipment was obtained.

Pupils are taken outside the school precincts in groups, and visits were made to a farm, railway station, library, museum, Chester Castle, Ewloe Castle and Chester and Liverpool Cathedrals. Older children are taken by public transport, the younger ones by the Health Department Minibus.

Nursery classes were taken to the Parks, and the Chester Zoo, while Nursery Nurses took individual children to shops and for walks.

Other 'Juniors' were taken youth hostelling at week ends.

The Parent Teachers Association gave generous support to the School and provided a week's holiday in Anglesey for ten juniors. Much equipment was also provided by the P.T.A., and there was also contributory support from the Chester Branch, National Society for Handicapped

Children, Chester Lions Club, the Ladies Committee of the Freemasons, Windy Ridge Cafe, Kelsall, Flints. Pigeon Fanciers Association and Mr. Chare and Family (Flints.).

Visitors included Tutors and Students from the Manchester Training College, Nottingham Training College, and pupils on Pre-Nursing Courses, as well as student nurses.

The Adult Centre holds 40 trainees (Chester 30, Flintshire 10) and has a staff of Supervisor (certificated), three Assistants (one certificated) and a cleaner, and part of the services of the Caretaker/Handyman/Trainer. Trainees are paid a small sum weekly to encourage attendance and to assist with Contract work.

Training of Staff: One Assistant Supervisor returned from a one year's course having passed the Diploma, two Assistants went for a week's Course to Stoke-on-Trent.

The Independent Advisor employed by the Corporation advised the purchase of more equipment, as with the Junior Centre.

There were many trips and out of school activities by both Junior and Senior Centres, details of which are in the office files, as well as some more contract work being started in the Adult Centre.

Members of the International Voluntary Service took groups of trainees out on Saturdays. The Adult Centre has benefitted by the generosity of voluntary bodies in the same way as the Junior Centre.

Both Adult and Junior Centres are provided with School Dinners. Transport of Adults and Juniors to the Centres is undertaken by the Health Department Minibus, a private firm and some help from the Ambulance Service.

On Ministry recommendation, the Adult and Junior Centres were segregated, and the present adult accommodation would be sufficient for five years. Consideration was therefore given to the future siting of the Adult Centre in Welfare Accommodation. The Merseyside Industrial Therapy Services started as a Limited Company with the main purpose of assisting with the finding of Contract Work for the L.A. Centres.

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NUMBER OF PATIENTS UNDER Mental 1. Total number 2 1 2. Attending day training centre 2 1 3. Awaiting entry thereto 2 1 5. Awaiting home training	family during 1968:— (a) To N.H.S. hospitals	(b) To L.A. residential accommodation	:	
1. Total number 2. Attending day 3. Awaiting entry 4. Receiving hom 5. Awaiting resic 6. Resident in L 7. Awaiting resic hostel 1. Resident at L 1. Receiving hom cluded in lii (a) Suital (b) Other (b) Not in urgent need (c) Total 2. No. of admiss residential care 1. No. of admiss 2. No. of admiss residential care 1. No. of admiss 1. No. of admiss 1. No. of admiss 1. No. of admiss 2. No. of admiss residential care	H.S.	A. r.	(c) Elsewhere	
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The Total No. of Patients referred to the L.A. from all Services during 1968 was 157.

NATIONAL ASSISTANCE ACT, 1948

No cases were compulsorily removed during the year.

FAMILY CASEWORKER ANNUAL REPORT, 1968

The new Family Caseworker was appointed on the 1st October 1968, following a gap of several months. Contact with colleagues and allied agencies was made and it was obvious from the beginning that there would be no lack of co-operation. Also it was apparent that there would be far more problem families in the City needing support than one Social Worker could manage effectively. Therefore, families were eventually graded into those who would need constant supervision, those who would need occasional support and those who were known to the worker and would be visited in the event of crisis. By the end of 1968 there were 17 families on the case list.

The average problem family is of poor mentality; their standards are naturally low and their breeding potential enormous. Mental inefficiency is often accompanied by social evils such as unemployability, prostitution, drunkenness, crime, certain types of mental and physical illness and various infectious diseases. Children of such families are provided with a poor environment, low moral standards and limited mental endowment. Other families were placed upon the list as they were in danger of disintegration, mostly due to marital conflict where one partner was inadequate. Personality inadequacy can be a greater social evil than subnormality. Some cases can barely hold their own in the community and need support for every aspect of their lives, particularly that of money management. Many of these people would benefit from social clubs with the accent on rehabilitation. Others need socialised accommodation.

Generous gifts of clothing and furniture were received from Voluntary Workers for problem families and were gratefully acknowledged.

MEDICAL EXAMINATIONS

Medical Examinations for other Departments of the Corporation are made by the Assistant Medical Officers of Health, and at the time of writing, no charge is made on these Departments:—

(1) Residential Nurseries

The Medical Officers carried out routine examinations of the children on admission to the Children's Nurseries, on discharge and other special occasions.

(2) Superannuation Examinations

Staff of all Corporation Departments were examined by the Medical Officers for the purpose of determining their fitness for (a) Employment, (b) Entry into the various Sickness Pay Schemes, (c) Entry into the Corporation Superannuation Scheme.

In the case of Staff associated with school children, the examinations have included X-Ray of chest (usually done at the Mass Radiography Unit)

and for teachers in the Education Department, full reports on Forms 4 R.T.C. and 28 R.Q. were made.

The number of examinations in the year was 472 plus 170 declarations and for comparison with previous years:—

1961: 331 1962: 456 1963: 395 1964: 438 1965: 523 1966: 560 1967: 547

(3) Examination of Transport Staff

It was decided that medical examinations for Public Service Vehicle Licences should be carried out by the Assistant Medical Officers of Health at the same time as they do the superannuation examinations, and that they should give the medical certificate without charge to the candidate or to the Transport Department.

CREMATION REFEREES

On the opening of the City Crematorium at Blacon, in November, 1965, the Medical Officer of Health and Deputy undertook the duties of Cremation Referee and Deputy.

1967 1968
Certificates completed 911 1136

SEWERAGE AND SEWAGE DISPOSAL

At the present time the aeration plant which is the third stage of the Sealand Road Sewage Works reconstruction will be completed by the end of 1969 and will provide sewage treatment to Royal Commission standards.

The Saltney III drainage scheme will be started shortly at an estimated cost of approximately £210,000. This scheme will provide new pumping equipment and rising mains from the Saltney and Lache areas to the Sealand Road works. The sewage from these rapidly developing areas is at present treated at the Bumpers Lane sewage works which is unsatisfactory and which will be abandoned on completion of the Saltney scheme.

It is also anticipated that the Newton Valley Main drainage scheme will commence shortly at an estimated cost of £750,000 and this will relieve the overloaded drainage systems in Vicars Cross, Hoole and Newton.

One main scheme to be undertaken during the next few years is the improvement of the Deeside sewer and the elimination of the storm over-flows to the River Dee.

There are of course many small schemes either in progress or planned to improve isolated cases or surcharging in the drainage system. Also considerable relaying and renewing of old brick sewers will take place during the construction of the North Eastern section of the Inner Ring Road due to start next Autumn.

WATER SUPPLY

The supply which is drawn from the River Dee, is provided by the Chester Waterworks Company, and is examined every two weeks for bacterial content, and every month chemically.

Bacteriological Sampling shows the usual contamination of the river, but the samples taken at the filters and in the town have always been free of significant contamination.

Plumbo solvency has remained at a low level with the pH averaging 7.0.

The number of dwelling houses and number of population supplied from public mains was:—

	Supplied direct to Houses	By Standpipe
Houses supplied	20,960	3
Persons supplied	60,620	5

Fluoride Content and Fluoridation

A special analysis of the water showed a trace only of fluorides in the supply (about 0.1 parts per million).

After strong recommendation from the Minister of Health, the Health Committee approved the principle of Fluoridation, but this was defeated in the City Council.

Swimming Baths

Ten samples were taken, and of these two were reported to the Baths Superintendent as unsatisfactory.

WATER

The City water supply is drawn from the River Dee and supplied by the Chester Waterworks Company. The water is filtered and chlorinated at the Company's works at Boughton.

The standard of purity and adequacy of supply have been maintained during the year, the water being graded 'Class I'.

Bacteriological examinations of the water supply including water from various filter beds have been carried out twice a month. In addition, chemical analyses of water from a consumer's tap have been carried out by the Public Analyst every month, and the following table gives the result of these analyses, which are shown in parts per million of water.

CHEMICAL EXAMINATION OF CITY WATER SUPPLY

Parts per Million	Feb. 747.0	Mar. 85.0	April 171-0	May 175.0	June 213.0	July 208.0	Aug. 267.0	Sept. 241.0	Oct. 158.0	Nov. 237-0	Dec. 151-0
Nitrogen as free and Saline	1										
Ammonia	0.03	0.03	ΞZ	N.	ΪŻ	0.01	Z	Z	90.0	0.05	Z
Nirrogen as Albuminoid Ammonia	20.0	Z	ΞZ	Ē	ΪZ	0.01	Z	Z	Ī	Z	Z
Nitrogen as Nitrites	0	- 	++	ïZ	4+	Ϊ̈́N	-1-1-	+-	-1-1-	-1-1- ,	-1
Nitrogen as Nitrates	1.5	0.5	<u>.</u>	0.5	0.5	1.0	2.0	1.0	0.75	0.5	0.75
Chlorides as Cl	38.0	14.0	29.0	27.0	35.0	28.0	54.0	31.0	25.0	38.0	26.0
Oxygen absorbed from Permanga-								1	,	•	(
nate in four hours at 27°C.	0.1		0.4	6.0 6.0	9.0	0:7	∞ O	:	Ξ	٦ ض	v. V
Total Hardness	115.0		100.0	0.96	116.0	104.0	132.0	108.0	99	108.0	0.86
Temporary Hardness	45	•	0.99	0.09	0.89	58.0	0.88	20.0	28.0	62.0	48.0
Demonant Hordness	51.0		34.0	36.0	48.0	46.0	44.0	58.0	32.0	46.0	20.0
Albeliaire	64.0	•	0.99	0.09	0.89	58.0	0.88	20.0	28.0	62.0	48.0
Free Chlorine	0.15		0.10	0.1	0.1	0.01	0.1	0.1	0.1	0.1	<u>ن</u>
Poisonous Metals	N N		Z	Z	ïZ	N.	Ē	Ë	Ē	Z	Ē
Potassium as K	2.8		2.7	3.6	2.1	3.4	3.2	2.4	1.7	5.6	2.7
Anionic Synthetic Detergents	ZZ	Z	ïZ	ïZ	Ë	īZ	Z	Z	Z	Z,	Z.
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Manganese as Mn	EZ.		Z	Z	Z	Z	Z	Z	Z ;	Z;	3 5
Phenois	Ξ̈́Z		Ë	Z	Z	Z	Z	Z	ZZ	IZ.	NI L
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"-Fair Trace.

+-Slight Trace.

†—Trace.

Chief Public Health Inspector's Report 1968

STAFF

Chief Public Health Inspector
Deputy Chief Public Health Inspector
Four Specialist Public Health Inspectors:

One—Housing

Two—Food Hygiene
One—Offices, Shops, Factories, etc.
Two Additional Public Health Inspectors
One Student Public Health Inspector
One Authorised Meat Inspector
Three Public Health Operatives
Two Shorthand Typists

INSPECTION OF AREA

ENVIRONMI	ENTAL H	YGII	ENE					
Complaints	received							689
Visits in res	pect of Cor	nplai	nts	•••				3290
VISITS TO	PREMISES	3						Number of Visits
Houses-un	ider the Pui	blic I	Health A	Acts		• • •	•••	2057
Houses in a	ind adjoinin	ig Cl	earance	Areas	• • •			662
Individual (• • •		51
Houses in A	Multiple Oc	cupat	ion					108
	•••							108
Offices, Sho						•••		466
Clean Air						•••		72
Noise Abate								77
Animal Boa								4
Pet Animal								7
Brooks and								36
Open Groun								72
Schools								12
Swimming I								13
	•••							6
Drainage W								934
Rodent Con								3628
TOUCHT CON	LL OI			4				2028

FOOD HYGIENE

Inspections of:—							
Bakehouses							5
Butchers' Premises and	i Meat	Depots					35
Bread and Cake Shops							14
Canteens			• • •				36
Dairies, Milk Dealers'	Premis	es, etc.					76
Fishmongers		•••					4
Fish and Chip Shops							3
Food Stalls and Vehic	les						71
General Provision Sho	ps				• • •		68
Greengrocers							14
Hotels (Catering)				• • •			10
Licensed Premises							198
Restaurants and Cafés						•••	71
Sweets and Ice Cream	Premis	ses				•••	23
Other Food Premises							10
Food Inspection Visits	S	•••	•••	•••	•••	•••	214
ADMINISTRATION							
Number of letters sens	t	•••					2143
Public Health Act, 193	36						
Number of Prelimin	nary No	otices se	rved				25
Number of Statutor				***			15

HOUSING

Slum Clearance

The following areas have been represented and/or confirmed during 1968:—

(a) Areas Represented	but	not Cor	nfirmed	l		No.	of Houses
Overleigh Road, No.	s. 3 ar	nd 4					15
Law Street							16
Brook Lane Cottage	s Nos.	1 and	2	• • •	•••	•••	16
Orchard Street							39
Gorse Stacks				•••	•••	• • •	6
							92
(b) Areas Represented	and (Confirm	ed in 1	.968	•••	•••	Nil
(c) Areas Represented	in 19	67 and	Confir	ned in	1968		
Christleton Road, N							24
Overleigh Road, No.	. 2						8
							32

Individual Unfit Dwellings

Undertakings were accepted to close six privately owned individual unfit dwellings and a Closing Order made in respect of one dwelling.

Eleven dwellings which have been dealt with as Individual Unfit houses were vacated during the year.

Houses in Multiple Occupation

Thirteen houses in respect of which directions are in operation under Section 19 Housing Act, 1961, to limit the number of persons occupying the houses dependent upon the facilities provided were inspected regularly throughout the year.

The Direction on one house was revoked following the installation of additional facilities.

A warning letter was issued by the Council in respect of one house in multiple occupation where the terms of a Direction were contravened.

CLEAN AIR

During the year, three notifications and applications for prior approval for the alteration or installation of furnaces under Section 3 of the Clean Air Act, 1956, were received and approved by the Council.

Four complaints of smoke emissions were investigated, three of which were dealt with satisfactorily and in the fourth case work is in hand to rectify the matter.

Seven complaints of offensive smells and fumes alleged to be from the Leadworks were received and were referred to H.M. Inspector Alkali, etc., Works.

During 1968, fifty-six complaints were received mainly from residents in the Saltney, Curzon Park and Lache areas of offensive smells emanating from an Animal by-products Factory situated outside the City area as follows:—

Each complaint was forwarded to the Chief Public Health Inspector of the area in which the factory is situated. The owners confirmed that works designed to overcome the nuisance were completed in November, 1968.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

Detailed inspections of food premises continued during the year.

On initial inspection, the premises were classified following consideration of (a) suitability of premises, (b) type and condition of equipment, (c) methods employed and (d) general standards of hygiene.

The following table shows the classification of food premises at the end of 1968:—

Excellent		94
Good		445
Fair		172
Poor		1
Bad	• • • • • • • • • • • • • • • • • • • •	_
	TOTAL	712

The following is a list of the food premises in the City, classified by the main type of food business carried on, showing those which comply with Regulations 16 (provision of wash-hand basins, hot and cold water, soap, nail brushes and clean towels) and Regulations 19 (provision of sinks and hot and cold water, etc.) of the Food Hygiene (General) Regulations, 1960:

	No. of Premises	No. Sitted to comply with Regulation 16	No. to which Regulation 19 applies	No. of Premises fitted to comply with Regulation 19
Bakehouses	6	6	6	6
Butchers' Shops and Meat Depots	61	60	61	60
Cake Shops	21	21	21	21
Canteens	52	52	52	52
Fishmongers	20	20	20	20
Fried Fish Shops	20	20	20	20
General Provision Shops	124	124	124	124
Greengrocers	52	50	52	52
Hotels and Guest Houses	43	43	43	43
Licensed Premises	159	159	159	159
Restaurants, Cafés and Snack Bars	55	55	55	55
Sweets and Ice Cream Shops	83	83	81	81
Other Food Premises	16	16	16	16
	712	709	710	709

Seventy-one inspections of stalls which include food sales vehicles were also made during the year under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

Lectures and demonstrations have been given to staffs of food premises and various organisations on the principles of food hygiene and the potential dangers due to the neglect of personal and kitchen hygiene.

Two courses each of 14 lectures on food hygiene were also given to food handlers by one of the Public Health Inspectors at the College of Further Education. The courses were based on the syllabus of the Royal Society of Health and after both written and oral external examination at the termination of the courses, a qualifying Diploma certificate was issued by the Society to 28 successful candidates.

LICENSED PREMISES

One hundred and ninety-eight visits were made to licensed premises.

A few licensed premises have closed. Works of improvement and modernisation continued steadily, and with three exceptions which have since been dealt with, the general standard of hygiene and cleanliness was good.

FOOD AND DRUGS ACT, 1955

One hundred and sixty-six samples of food and drugs were submitted to the Public Analyst and with the exception of five samples on which the appropriate action was taken all were certified to be genuine.

THE MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

The following are premises within	the C	ity from	which	milk	is sold:-	_
Premises registered as Dairies						4
Distributors with premises in the	he City	7				87

THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1963 AND 1965

Six dealer's (Pre-Packed Milk) Licences for the sale of designated milk were issued to cover the remainder of the five year period ending 31st December, 1970.

Bacteriological and Biological Examinations

Seventy-five samples covering all six types of milk sold in the City were submitted to the Public Health Laboratory for bacteriological examination. All passed the appropriate tests with the exception of one pasteurised and one untreated farm bottled milk which failed the methylene blue test for cleanliness and keeping quality.

Three samples of Untreated Milk were also submitted for biological examination for tuberculosis and brucella abortus, and all were certified to be negative.

ICE CREAM

Bacteriological Samples

Ice Cream (Heat Treatment, etc.) Regulations, 1959

During the year 11 samples of ice cream were bacteriologically examined at the Public Health Laboratory, ten of which were satisfactory and one unsatisfactory.

In the case of the unsatisfactory sample the matter was rectified after investigation of the production plant. Subsequent sampling proved satisfactory.

SLAUGHTER OF ANIMALS ACT, 1958

One new and ten renewal licences were issued to Slaughtermen during the year.

MEAT AND FOOD INSPECTION

In accordance with the Meat Inspection Regulations, 1963, all animals slaughtered and meat dressed in the City are inspected by the Meat Inspector at the Abattoir.

Food condemned during the year amounted to:-

Meat and Offal at the Public	Tons	Cwts.	Qrs.	Lbs.
Abattoir	27	1	3	27
Food at other premises throughout the City	8	9	1	22
TOTAL	35	11	1	21

The following table shows the percentage of animals affected with disease:—

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed and inspected	7264	377	116	26077	7508
All Diseases except Tuberculosis and Cysticercus Bovis Whole carcases condemned		4	1	21	20
Carcases of which some part or organ was condemned		311	2	9456	2864
Percentage		83.55	2.59	36.34	38.41
Tuberculosis only	_	_	_	_	
Cysticercosis Carcases of which some part or organ was condemned and					
the remainder refrigerated		_	_	_	_
Percentage	0.21	_	_	_	_

This was the first year during which all animals passing through the abattoir were free from tuberculosis.

Poultry Inspection

There are no poultry processing premises in the City.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act makes provision for the health, safety and welfare of persons employed in the above premises.

Implementation of the Act is normally by informal approach, each occupier being notified in writing of the requirements of the Act as they relate to his premises, and generally this has proved to be successful.

Most of the premises coming within the scope of the Act are now registered and all of these will have been inspected by the end of 1969. In many cases premises have been registered at the time of initial inspection.

Persons considering new accommodation frequently consult the Local Authority and there appears to be an increasing awareness by employers and employees of the requirements of the Act and a general willingness by them to co-operate in its implementation.

It is found on inspection that most premises comply with the main requirements of the Act but many fall short only because some items such as Abstracts of the Act, First Aid Boxes or Thermometers, are not provided.

Generally cleanliness is good but the parts of premises which have been found to be unsatisfactory from this point of view are usually stock rooms of inadequate size.

Problems relating to the maintenance of adequate temperatures are confined mainly to the smaller type of shop, and difficulties can arise in premises not really large enough to provide a separate area for warming facilities and where perishable foods are sold and could deteriorate due to the higher temperature.

Lighting in offices is sometimes found to be below standard but occupiers, whilst frequently surprised to learn of this are usually ready to improve standards where required.

Generally the standard of sanitary accommodation is good.

Suitable and sufficient washing facilities are usually provided but where deficiencies have been found these have been attended to readily.

Generally accommodation for clothing is either well provided or virtually non-existent, usually the better accommodation being in the larger premises.

The occurrence of accidents and subsequent investigations have revealed that their causes are due mainly to lack of care on the part of employees rather than any deficiencies in the premises under the Act. However during routine inspections considerable attention is given to the condition of floors, banisters, handrails, stair treads and the guarding of dangerous openings, etc. Floors and stair cases are frequently obstructed and this, on occasions, has been the cause of accident.

There is no doubt that the implementation of the Act has resulted in an improvement in working conditions generally in premises to which the Act applies and particularly in the older type of premises.

Registration and General Inspections

Class of Fremises	Number of premises registered during 1968	Total number of registered premises at end of 1968	Number of registered premises receiving general inspection during the year
Offices	22	359	87
Retail Shops	37	563	231
Wholesale Shops, Warehouses	1	40	10
Catering Establishments open to the public, Canteens	3	95	34
Fuel Storage Depots	_	_	_
TOTALS	63	1057	362
Number of visits of all Premises	kinds by insp	ectors to Reg	gistered 466

Analysis of persons employed in Registered Premises by workplace:

Class of Work	place						Pe	Number of rsons Employed
Offices		•••		•••		• • • •		4441
Retail Shops	•			•••		•••		4627
Wholesale I	epart	ments,	Wareh	ouses	•••		•••	730
Catering Es	tablish	ments	open to	public	• • •		•••	1067
Canteens	•••	•••	•••	•••	•••	•••	•••	74
Fuel Storag	e Dep	ots	•••	•••	•••	•••	•••	9
								10,948

(4,118 Males, 6,830 Females)

ACCIDENTS

Accidents to persons employed in registered premises must be notified under the Act and the following tables show the number of accidents reported, the action taken following investigations and an analysis of the causes of the accidents:—

Reported Accidents

			Acti	on Taken	
Workplace	Number Reported and Investigated Prosecution		Formal Warning	Informal Advice	No Action
Offices	3	Nil	Nil	3	Nil
Retail Shops	20	Nil	Nil	20	Nil
Wholesale Shops, Warehouses Catering Establishments open to public,	3	Nil	Nil	3	Nil
Canteens	17	Nil	Nil	17	Nil
Fuel Storage Depots	Nil	Nil	Nil	Nil	Nil
TOTALS	43	Nil	Nil	43	Nil

Analysis of Reported Accidents

Machiner	Offices	Rettil Shops	Wholesale . Warchouses	Catering Establishments open to the Public, Canteens	Fuel Storage Depots
Machinery	Nil	2	1	Nil	Nil
Transport	Nil	Nil	Nil	1	Nil
Falls of Persons	2	9	1	9	Nil
Stepping on or striking against object					
or person	Nil	1	Nil	1	Nil
Handling goods	Nil	4	Nil	3	Nil
Struck by falling object	Nil	1	1	Nil	Nil
Fires and explosions	Nil	Nil	Nil	1	Nil
Electricity	Nil	Nil	Nil	Nil	Nil
Use of hand tools	Nil	3	Nil	1	Nil
Not otherwise specified	1	Nil	Nil	1	Nil

PREVENTION OF DAMAGE BY PESTS ACT, 1949

RODENT CONTROL

Rats in Sewers

During Spring and Autumn selected manholes on the older sewers which had been infested in the past were treated with fluoroacetamide poison in an endeavour to keep them clear of rats.

The Autumn treatment which also covered 168 manholes scattered throughout the City on newer sewers was preceded by a test bait, which showed a minor reinfestation of rats in only seven sewer manholes in the City centre and that the remainder of the sewers are again free from rats.

Surface Infestations

Besides treatment of the sewers; the refuse tip, sewage works, together with building and demolition sites are kept under routine observation and treated when necessary. Regular inspections of 'black spots' (sites which have been subject to rat infestations in the past) have continued.

Number of 'black spots'	 		125
Number of visits to 'black spots'	 		459
Number of 'black spots' found infested	 	•••	28

In addition 201 permanent baiting points have been established throughout the city during 1968.

These consist of Warfarin baits in pipes laid mostly along the banks of the river, canal and brooks and the railway embankments, all again potential breeding sites for rats, particularly where these pass near to houses or other premises. These points are visited at intervals and baits replenished if necessary.

The object is to treat infestations as they arise in a further move towards dealing with infestations in a preventive manner. The number of these permanent baiting points will be increased and will in due course cover most of the 'black spots'.

Number of permanent baiting points	 	 201
Number of visits to these points	 	 474
Number of these points found infested	 	 70

British Rail is co-operating by laying similar permanent baiting points in stations, marshalling yards, etc.

This overall rodent control programme is carried out in consultation with and on the recommendation of the Regional Officer, Infestation Control Division of the Ministry of Agriculture, Fisheries and Food as part of a plan in which the Council is co-operating with the Ministry to reduce to a minimum and if possible eliminate the rat population in the City.

The following is the Annual Report on Rodent Control for 1968 as required by the Ministry of Agriculture, Fisheries and Food.

RODENT CONTROL—REPORT FOR 1968

		TYPE OF P	
1.	Number of Properties in District	20508	8
2.	(a) Total number of properties (including nearby premises) inspected following notifica-		
	tion	612	2
	(b) Number infested by:		
	(i) Rats	210	1
	(ii) Mice	303	_
3.	(a) Total number of properties (sites) inspected for rats and/ or mice for reasons other than notification (black spots and	226	
	permanent baiting points	326	_
	(b) Number infested by: (i) Rats	98	_
	(ii) Mice	_	_
4.	Were any sewers infested by rats		
	during the year?	Yes	

PET ANIMALS ACT, 1951

Five shop premises where pets are kept for sale were licensed under the Act following inspection, and all complied with the terms of the licenses.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Three premises where animals are boarded under the Act were licensed following inspection.

COMMON LODGING HOUSES

There are no registered Common Lodging Houses within the City.

NOISE ABATEMENT ACT, 1960

Four complaints were received during the year of noise nuisance. Two of these were dealt with satisfactorily and in the other two cases work as recommended is to be carried out to abate the nuisances.

Two renewed complaints were also dealt with in respect of two premises.

LECTURES

During the year, lectures on various aspects of Environmental Hygiene were given to a number of organisations, students and nurses.

FACTORIES ACTS, 1961

PART I

1. Inspections.

		Number o	f
Number on Register	Inspections	Written Notices	Occupiers
32	4	_	_
311	93	23	
11	11		_
354	108	23	
	311 Register	32 4 311 93 11 11	Number of the state of the stat

2. Cases in which DEFECTS were found.

Particulars	No. of	uce in secutions tuted			
Particulars	Found	Reme- died	Refe To H.M. Inspector	By H.A	
Want of cleanliness (S.1)	_	_	_	_	
Overcrowding (S.2)	_	_	_	_	_
Unreasonable temperature (S.3)	_	_	_	_	_
Inadequate ventilation (S.4)	_	_	_	_	_
Ineffective drainage of floors (S.6)	_	_	_	_	_
Sanitary conveniences (S.7): (a) Insufficient (b) Unsuitable or defective (c) Not separate for sexes	<u>23</u>	12	=	=	=
Other offences against the Act (Not including offences relating to Out work)	_	_			_
TOTAL	23	12	_	_	_

PART VIII

OUTWORK (Sections 133 and 134)

NATURE OF WORK	No. of outworkers in August list required by Sect. 110(1)(c)	No. of cases of default in I sending lists to the Coun-Ocil	No. of prosecutions for El failure to supply lists	No. of instances of work of in unwholesome premises H	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—Making, etc	. 8		_	_	_	_









